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ABSTRACT

The manual highlights the components of the parent involvement of the Project for Early Education of Exceptional Children (PEEEC), a demonstration project serving 3 to 8 year old children in Kentucky with multiple handicaps. Following an introduction on the philosophical/theoretical foundations of the PEEEC parent services model is a section on the five parents services model goals: the parent recognizes and understands the child's handicap, the parent meets the basic needs of the child and family, the parent demonstrates adjustment toward the child's handicap, the parent learns and carries out intervention techniques appropriate to the child's handicap and needs, and the parent acts as an advocate for handicapped children. Subsequent sections offer information on setting goals and objectives through a family needs inventory; rating procedures, activities/materials/resources; the parent services evaluation; the group/individual needs assessment profile; and other needs assessment resources. Appendixes include 1979-80 parent services data, a copy of the family needs inventory, and a parent questionnaire. (SB)

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WORKING WITH PARENTS:

INDIVIDUALIZING NEEDS

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WORKING WITH PARENTS: INDIVIDUALIZING NEEDS

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Acknowledgements

This manual was the result of an ambitious undertaking in the summer of 1979. The initial draft of the needs inventory was field tested during the final year of the Project for Early Education of Exceptional Children, (PEEEC), 1979-1980. Much effort was expended on preparing the materials herein, not only by PEEEC administrative and teaching staff, but through PEEEC parent input prior to the initial draft.

My special thanks goes to PEEEC parents, and PEEEC teachers, Judith Ebaugh Kennedy and Diane Murphy. But special thanks for ongoing support and moral assistance in this endeavor goes to Jerri Ann Millican, PEEEC teacher and solid supporter of parent involvement. Teacher aides, Shirley Borders and Diane Flynn, also assisted in the rating of the initial inventories.

I would also like to thank Melba Casey, Co-Director of PEEEC and Director of the West Kentucky Educational Cooperative (WKEC), for speaking up on the part of parents every chance she gets. And further, to thank the WKEC Board of Directors for continuing to provide financial and personal support for parent involvement in the schools.

Hopefully, content and construct validity, of sorts, has been attained in this inventory after long hours of poring over other Handicapped Children's Early Education Programs (HCEEP) Project materials and review of the literature. For those materials of others that have been incorporated, especially the influence of the Family Centered Resource Project in Reading, Pennsylvania, I am eternally grateful. I am also indebted to all other HCEEP Projects whose materials were reviewed and ideas incorporated to support the PEEEC model.

I would like to thank the WKEC secretaries, Sheila Suiter, and especially Sherry Graybeal, for their time and patience in typing this material. And last, I thank Robert G. Kibler, Co-Director of PEEEC, for the opportunity to work with his staff and develop this material. I hope his twenty month wait to get to press was worth it.

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The extent of parent involvement is related to the size of the Project and to the amount of time Project staff spend with parents.[1]

[1] Carolina Institute for Research on Early Education for the Handicapped Status Report, December 31, 1979, The Frank Porter Graham Child Development Center, Child Development Institute, The University of North Carolina at Chapel Hill

Table of Contents

Acknowledgements iii

Preface v

Philosophical/Theoretical Foundations of the PEEEC Parent Services Model 1

The PEEEC Parent Services Model 4

Goal I: The Parent Recognizes and Understands Their Child's Handicap 6

Goal II: The Parent Meets the Basic Needs of the Child and Family 8

Goal III: The Parent Demonstrates Adjustment Toward the Child's Handicap 10

Goal IV: The Parent Learns and Carries Out Intervention Techniques Appropriate to Their Child's Handicap and Needs. . 14

Goal V: The Parent Acts as an Advocate for Handicapped Children 15

Setting Goals and Objectives Through A Family Needs Inventory 16

Individualized Family Objectives (Sample). 19

Rating Procedures, Activities/Materials/Resources 20

Parent Services Evaluation 34

Group/Individual Needs Assessment Profile 36

Postscript 37

Other Needs Assessment Resources 38

Appendix A 40

Parent Services Data 1979-1980 41

Appendix B 47

Family Needs Inventory 48

Appendix C 59

Parent Questionnaire 60

References 64

Resources 66

Table I Emotional Reactions: Stages of Adjustment/Grief 12-13

Table II Amount of Parent Participation in Various Program Options 39

Preface

PEEEC, the Project for Early Education of Exceptional Children, was a demonstration project serving three to eight-year old children with multiple handicaps, funded by the Bureau of Education for the Handicapped, United States Office of Education, under the Handicapped Children's Early Education Program. PEEEC was part of a twenty-five school district consortium known as the West Kentucky Educational Cooperative (WKEC). The Cooperative supports the premise that early intervention will maximize the potential for optimum development by school age and decrease the cost of special programs at the secondary level.

Demonstration learning centers were located in the Special Education Building, Murray State University and at the Fredonia Elementary School, Fredonia, Kentucky. Home-School Instruction was provided for eligible children and families in their homes.

A variety of services were provided to children in both settings. These are outlined in three other Project manuals - Preschool Screening Procedure Manual, Intake Services, Curriculum and Assessment Manual, and Home-School Instruction Program Manual. This manual is being written to highlight the component concomitant with all services to children - services to parents.

This manual is not written in an attempt to confirm the abundancy of material regarding the importance of the need for parent involvement in programs for exceptional children. Exceptional children, being more alike than different from "normal" children, do need the advantage of good parenting skills that all children need, plus specially developed skills pertinent to their unique needs.

As with individual children, the family must be viewed as individual systems, also more alike than different from families with non-handicapped members. From experience with the Project for Early Education of Exceptional Children, it was evident that total family involvement was occurring, but through one primary family member's involvement, usually the mother. Therefore, because of financial and staff limitations, as well as evidence of type of parent involvement, the parent services offered focused on one primary contact for each family unit through which PEEEC staff worked to enhance their program for the individual child. That primary contact became readily identifiable during initial work with the family.

Throughout this manual the word "parent" as opposed to "family" or "parents" is used to denote the most significant caregiver in the life of the PEEEC children with whom program staff have ongoing contact. This includes the primary adult in the foster home as well. The "parent" is the mechanism through which the PEEEC teacher works to achieve the most optimal learning environment for the child. The overall focus of parent services in this model is the assistance in the educational process provided to parents for developing special skills pertinent to the individual child's unique needs.

PHILOSOPHICAL/THEORETICAL FOUNDATIONS OF THE PEEEC PARENT SERVICES MODEL

The Project for Early Education of Exceptional Children parent services model was developed through intensive review of the literature and the staff's personal/professional contact with parents of exceptional preschool children.

Ruth Turner, Director of Project KIDS (Kindling Individual Development Systems), Dallas, Texas, like many other proponents of parent involvement has identified four areas of parent needs which PEEEC also incorporates into its service delivery model. They are:

1. Knowing how and where to get help for the child.
2. Having awareness of the child's limitations and strengths.
3. Understanding the child's disability and special needs resulting from the handicap.
4. Giving firm and consistent discipline to the child.

Information contained in the first issue of Journal of the Division of Early Childhood, Council for Exceptional Children, 1979, indicates nine broad categorical areas of parents' perceptions of the services needed through early childhood programs:

1. Transportation
2. Financial Aid
3. Day Care Facility
4. Educational Facility
5. Training
6. Medicine
7. Medical Services
8. Special Equipment
9. Other.

Most often mentioned in a survey of programs involving parents was the need for relief from the physical, financial, and time demands of the exceptional child within the family unit.

Literature regarding the issue of parent involvement repeatedly deals with the need felt keenly by parents of exceptional children to find the "right" people to talk with. This means persons knowledgeable about referrals to appropriate service agencies who are able to communicate with sensitivity. This, in fact, has become the motto of many HCEEP Projects, "Passion With Competence."

Alice Hayden in an article entitled "Handicapped Children, Birth to Age 3," Exceptional Children, April 1979, includes an excerpt of a conversation with Urie Bonfrenbrenner which is noteworthy of repeating here in to-to. The point to be made is that all families need emotional, educational, and financial support but families of handicapped children may not survive without it.

> Today, more than one-sixth of all children in our country are living in single-parent families. The single parent is usually a woman... and she almost always works full-time... In fact, one-third of women with children under three are working... The United States is now the only developed country in the world that doesn't have any national program providing child care for working parents, minimum family income, and health care for families with young children. Increasing numbers of children are coming home to empty houses... What's destroying the family isn't the family itself but the indifference of the rest of the society. The family takes a low priority... The family is the first sanctuary. If a person gets a good start in a family he can cope with all sorts of problems in later life. In that primitive Ping-Pong game, the back-and-forth between an infant and its caretaker, a person learns how to get his basic needs satisfied by other human beings. A person needs more than the opportunity to be a caretaker of some kind, a teacher, a health worker. These people also need some help, they need the resources to function effectively.

It is this contention, to provide as many of the resources as possible, through community coordination of service providers who look at all areas of family needs, that the PEEEC model is founded upon first. All other identified theories, assumptions, and concerns should be incorporated thereafter.

The Project for Early Education of Exceptional Children operated on several basic premises including:

1. Multiply handicapped children need assistance in health and medical realms and their families need early educational intervention.
2. Mental/Cognitive development is affected by health, nutrition, and the social-psychological-economic environment. An intervention program must take all these factors into account.
3. Parents must first be able to resolve their own problems before they will be able to initiate or assist with a program for their child.

Evidence of the success of working with parents in the PEEEC model is individually and subjectively measured by parents through two avenues:

1. The parent's statement (evaluation) of how staff have helped them as individuals, and
2. The parent's statement (evaluation) of how the program and staff have helped them "parent" their child.

This is discussed in a later section on evaluation.

The model itself is designed around a formal structure which helps lend some objective measurement of the success of working with parents. The following sections discuss the model.

THE PEEEC PARENT SERVICES MODEL

Much of the PEEEC model was focused on Gil Foley's work at the Family Centered Resource Project (FCRP), in Reading, Pennsylvania. Other contributors are listed in the reference section. The model can be described in FCRP's words: "the educational approach, which stresses content and focuses on the achievement of specific objectives, is melded with the social work approach which emphasizes the establishment of a helping relationship."

The PEEEC model centers around five major goals which are considered sequential in nature based on a logical perspective of parent involvement experienced during the demonstration phase of the Project. The total set of goals and objectives is outlined on the following page.

PARENT'S GOALS AND OBJECTIVES

GOAL I: The parent recognizes and understands their child's handicap.

Objective IA: The parent participates in the child's comprehensive evaluation.

Objective IB: The parent identifies the child's strengths and weaknesses.

Objective IC: The parent participates in planning the child's educational program.

GOAL II: The parent meets the basic needs of the child and family.

Objective IIA: The parent provides for the basic nutritional needs of the child and family.

Objective IIB: The parent provides adequate shelter and clothing for the child and family.

Objective IIC: The parent has adequate financial resources to provide for basic living expenses and special family/child needs.

Objective IID: The parent provides for the health, dental, and medical needs of the child and family.

Objective IIE: The parent provides a home environment conducive to the child's optimum growth and development.

Objective IIF: The parent avails self of community resources.

Objective IIG: The parent meets the transportation needs of the family.

GOAL III: The parent demonstrates adjustment toward the child's handicap.

GOAL IV: The parent learns and carries out intervention techniques appropriate to their child's handicap and needs.

Objective IVA: The parent gains knowledge and awareness of child development and intervention techniques.

Objective IVB: The parent gains skills and utilizes intervention techniques appropriate to the child's handicap and needs.

GOAL V: The parent acts as an advocate for handicapped children.

GOAL I: THE PARENT RECOGNIZES AND UNDERSTANDS THEIR CHILD'S HANDICAP.

Parents who first refer their child to the Project for Early Education of Exceptional Children (PEEEC) undergo an orientation from staff which includes:

1. Explanation of the PEEEC goals and objectives,
2. Discussion of criteria for eligibility and child services offered, and
3. Informal assessment of the family's expectations of the program.

During these first few parent contacts, staff members complete an in-depth "Parent Interview Form"[1] which will help the parent to meet PEEEC's first major goal for parents - to recognize and understand their child's handicap. Three objectives are set for parents at this time.

Objective IA: The parent will participate in the child's comprehensive evaluation.

Objective IB: The parent will identify the child's strengths and weaknesses.

Objective IC: The parent will participate in planning the child's educational program.

The parent is given the opportunity to actively assist in the child assessment through provision of developmental, social, and medical history information as well as through conferences with assessors. Parents may also be requested to complete behavioral rating scales or adaptive behavior information (e.g., Burks Behavior Rating Scale, Vineland Social Maturity Scale, AAMD Adaptive Behavior Scale) which assists the staff to involve parents as well as to identify the child's needs. This will also lend evidence of the parent's realistic perception of their child's developmental needs. It is during these initial contacts with parents that staff members can begin to assess whether parents are aware of and utilize appropriate community resources. Additional information regarding the child and family may be requested from associated agencies with parent consent. Referrals may also be made by staff for additional services. (For further information refer to the PEEEC Intake Services, Curriculum and Assessment Manual.)

[1]This form is located in the PEEEC Intake Services, Curriculum and Assessment Manual.

When a parent chooses to enroll their child in the program they are encouraged to assist in the development of the child's individual educational plan (IEP) during the initial Admissions and Release Committee (ARC) meetings. This will ensure an understanding of the child's developmental strengths and weaknesses and what the staff, along with the parents, hope to accomplish over a given period of time. (Refer to the PEEEC Intake Services, Curriculum and Assessment Manual.)

GOAL II: THE PARENT MEETS THE BASIC NEEDS OF THE CHILD AND FAMILY.

During or after enrollment in the program it may become evident that the child is experiencing problems which interfere with learning based on external events rather than internal developmental problems. The child may not have all his basic needs met and therefore not be able to learn as efficiently. The parent may also not be dealing with their feelings toward the child in a healthy manner and therefore cannot facilitate learning outside the school environment.

It becomes necessary for the teacher to gain knowledge of a child's home environment so that optimal learning takes place. If a parent is not involved in the child's educational program it may be that "educational" aspects have become secondary due to inadequate food, shelter, and/or clothing.

Goal II is divided into seven major objectives encompassing basic needs. They are:

Objective IIA: The parent provides for the basic nutritional needs of the child and family.

Objective IIB: The parent provides adequate shelter and clothing for the child and family.

Objective IIC: The parent has adequate financial resources to provide for basic living expenses and special family/child needs.

Objective IID: The parent provides for the health, dental, and medical needs of the child and family.

Objective IIE: The parent provides a home environment conducive to the child's optimum growth and development.

Objective IIF: The parent avails self of community resources.

Objective IIG: The parent meets the transportation needs of the family.

The assessment of each of these areas is included in the needs assessment inventory itself and is self-explanatory.

One vital issue needs to be mentioned here. There is often the question regarding confidentiality and the issue of going beyond one's bounds as an educator. It

is assumed that by law as well as professional ethics that confidentiality would not become an issue. It is hopeful that this narrative has made a case for "going beyond one's bounds as an educator," especially in the preschool program. The bottom line here is one of personal values. The assessment must be done in an atmosphere of mutual respect and objectivity with the overall goal being to help a child reach his or her optimal potential.

GOAL III: THE PARENT DEMONSTRATES ADJUSTMENT TOWARD THE CHILD'S HANDICAP.

If all basic needs are being met a parent becomes more "free" to become involved. However, parents often still cannot avail themselves of opportunities to assist their child because of "adjustment" problems. The PEEEC teacher must facilitate movement toward "acceptance" of the child. It is felt that parents never fully accept the birth of a handicapped child. Rather, the goal becomes that of "adjustment." As Smiley, 1975, indicates, "the full success of any remedial program [may be] is contingent on the ability to accept the child emotionally." There are many theories surrounding the issue of acceptance and behaviors which may be attributed to various stages of adjustment. These theoretical models show movement through successive stages of grief and all seem to lead toward acceptance of the condition of the child with realistic expectations and internalized coping skills.

It is important to note that within the process of establishing family objectives that this step may for some families be the most critical. Even with the ability to meet all basic needs more than adequately and the appearance of high motivation where the child is concerned there may be underlying emotional adjustment problems to the birth of a handicapped child which cannot easily be identified. The teachers' role may be that of identifying factors which indicate rejection of the child or behavioral symptoms indicative of a particular stage of adjustment. Specific strategies can then be used to move the parent and family members toward a healthy perspective of the child as a member of the family.

Although this goal is listed sequentially after meeting basic needs it is not assumed nor intended to imply that emotional adjustment problems occur during this time. The decision to place this goal here was two-fold:

1. In coming to gain knowledge of the home environment and basic needs the teacher has the opportunity to get to know a parent (or family members) as an individual(s) and to gain personal knowledge of emotional adjustment;
2. In evidencing empathy and in providing assistance in meeting basic needs, the teacher gains a vehicle of trust and respect through which emotional adjustment can be broached.

No specific objectives were set for this goal. Adjustment is assessed through many avenues, six of those are listed

in the needs assessment inventory. It is important to remember, however, that adjustment is an ongoing process and that family crises continually reoccur. It is also important to note that individual family members do not necessarily reach the same level of adjustment simultaneously. It is for this reason that PEEEC urges staff members to familiarize themselves with the stages of adjustment/acceptance and grief process discussed in the literature. Table I describing these stages has been included on the following pages for this reason.

One other note is appropriate here. There is one often intermingled emotion which occurs for some family members as discussed by Gallagher, 1956. That emotional reaction is rejection. It is very often the most difficult to identify due to the wide discrepancy in symptoms ranging from overprotection to overpermissiveness. Staff should have some competency in dealing with identification of rejection and some lay-counseling skills. Referral to appropriate agencies for counseling would be the strategy of choice in this instance.

As stated by staff of the Rural Infant Stimulation Outreach Assistance Project of Tuscaloosa, Alabama, "through knowledge of the child's disability, training, learning to develop coping skills, and an awareness that they are not alone, families can be helped to develop the emotional balance and stability needed in parenting their special child."

TABLE I: EMOTIONAL REACTIONS: Stages of Adjustment/Grief

Theorist	Symptoms	Theorist
Rosen - Successive Stages of Parent Reaction		Engle and Solnit: Grief Reaction
Stage I Awareness of problem	anger depression ambivalence denial hysteria	Stage I Shock and Panic: disorganization in family
Stage II Recognition of problem: (need help in understanding diagnostic terms)	self-pity withdrawal* despair disappointment	Stage II Searching: attempt to recover the image of the lost fantasized child
Stage III Search for a Cause: etiology might lead to cure; wish for relief from heavy responsibility and guilt	blaming one another self-blame scapegoat chronic sorrow rage	**Stage III Experience of Nothingness: see only the handicap and damage that exists; giving up or detachment from the child; family lives from day to day with no goals or order in life
Stage IV Search for a Cure: going from professional to professional and from treatment to treatment	←frustration ←search for a magical solution more objectivity→ seen less emotionalism→	Stage IV Recovery: begin to assess (realistically) strengths and weaknesses; can make maximum use of programmatic efforts

*Parents in higher socioeconomic levels tend to have greater emotional reaction than parents of lower socioeconomic levels. (Rosen)

**Foley, Gilbert M.

TABLE I: EMOTIONAL REACTIONS: Stages of Adjustment/Grief (Continued)

Theorist	Symptoms	Theorist
Rosen - Successive Stages of Parent Reaction		Engle and Solnit: Grief Reaction
Stage V Acceptance of Child: warm respect for child as is; appreciation of his assets; tolerance of shortcomings; active pleasure in relating to child; has smoothly functioning role in household; family functions in their usual manner; family meets needs of other children	reality testing-goal oriented	Stage V Maintenance: grief may be reactivated due to some disappointment with child; family has redefined their expectations of the child and internalized new coping strategies

Gallagher, 1956 - Rejection:

strong underexpectations of achievement; sets unrealistic goals; escape - desertion or unwarranted institutionalization; reaction formation - masking rejection through espousing opposite view	overprotection overpermissiveness detachment

GOAL IV: THE PARENT LEARNS AND CARRIES OUT INTERVENTION TECHNIQUES APPROPRIATE TO THEIR CHILD'S HANDICAP AND NEEDS.

Once the PEEEC teacher has helped the parent, as much as possible, understand their child, meet the basic needs, adjust to the child within the family, then appropriate individual objectives can be established which allow full parent participation in the educational program. The teacher can then assist the parent in learning and utilizing intervention techniques appropriate to the child's handicap and needs.

This goal is attained in two sequential stages written as objectives. They are:

Objective IVA: The parent gains knowledge and awareness of child development and intervention techniques.

Objective IVB: The parent gains skills and utilizes intervention techniques appropriate to the child's handicap and needs.

First, the parent must gain knowledge and awareness of normal child development and appropriate intervention techniques. Once knowledge has been gained by a parent, then strategies may be planned to help them develop specific skills appropriate to their child's developmental needs. Too often programs are unsuccessful in involving parents with home carry-over because the parents are not ready to learn or do not have the appropriate foundation to understand the need for carrying out intervention at home. Teachers are often seen by parents as the therapist or one who helps their child learn without benefit of understanding that development occurs in all environments and that the primary responsibility may rest with them.

GOAL V: THE PARENT ACTS AS AN ADVOCATE FOR HANDICAPPED CHILDREN.

As with many hierarchial models, the upper limits often espouse a universal perspective. It is anticipated that once a parent is involved with their child's educational program and coping well with their own child and family, that the needs of other children and families can become important. The parent that has experienced success in working with their child, after suffering through the frustrations first encountered in trying to find help, often actively seeks ways to help the parents of others escape the pitfalls they suffered through. Opportunities can be afforded to this "select" few who are ready to commit their time and effort toward advocacy for all handicapped persons. These opportunities are provided through leadership roles, and self-directed activities as simple as letter-writing or phone calls to Congressmen. The Project for Early Education of Exceptional Children built in opportunities by making positions available to parents on the Project Advisory Committee and by utilizing parents to assist in contacting and organizing socials as well as formal group gatherings. It is important to state here that formal parent meetings were not organized on a regular basis because all parents are not at this level of participation which can be, in itself, an advocacy activity.

SETTING PARENT GOALS AND OBJECTIVES THROUGH A FAMILY NEEDS INVENTORY

The Project for Early Education of Exceptional Children parent services model is designed around the family needs inventory completed by program teachers. The needs inventory will help identify those areas of needs, which when met, will enable parents to participate most fully in the "educational development" of their child as outlined previously.

This process of identifying needs in material, emotional, and educational realms was developed from several theoretical models, Foley, Karnes, Turner, and others.

The five goal model includes a structured family needs inventory which consists of ninety items. The inventory is completed by the staff member working most closely with a particular child and family.

Each goal and objective is written behaviorally so that subjectivity is as limited as possible. All of the objectives have a subsequent set of items to assist in determining if that objective has been met. The items should not be considered a task analysis of the objective.

The inventory is set up on a three part rating scale (yes, partially, no) which does lend some subjectivity to the inventory. This "partial" rating was included when staff felt that all items could not be rated as having been explicitly met or not met. This was seen as a matter of quality.

The rater should be familiar with all ninety items and complete the inventory as enough knowledge is gained about the parent/family. Some items can be rated during the initial enrollment process. Items relative to Goals II and III (Basic Needs and Adjustment) should be completed only after home visits and in-depth dialogue has been carried on with the primary caregiver.

The rating process could conceivably take place over a six month or longer period, depending upon amount of staff time and energy spent with individual parents. (As noted previously, intervention with parent services begins as the needs are identified and is built in from the beginning with the enrollment process.) It is often apparent early on, in working with individual children, those which evidence families with the most "need." These should be the first families to work with in completing the inventory.

PEEEC parents were not asked to complete the inventory with the staff member. This should be at the individual

staff member's discretion if agency policy does not cover this issue. The purpose of the inventory is not to point out "good" or "bad" families but to enable staff to structure their activities with parents around some meaningful direction. Their efforts and success can then be evaluated as discussed later in the manual.

The needs assessment inventory is not to be considered a part of the child's cumulative folder and passed on to future service providers. It cannot always be assured that the information will be utilized by staff working with the child in future placements for the purposes for which it was obtained. Also, the family situation is dynamic and information must be continuously updated to adequately reflect the needs of the family.

Setting individual objectives may be done in a variety of ways. The PEEEC staff elected to work on a small number of objectives (perhaps five) at a time. Selection of objectives was done in a sequential process, (e.g. working on those from Goal II before proceeding to Goal III). This again depends upon staff discretion, knowledge of the family from a holistic view, and staff capabilities/time as well as the difficulty of the objective. Use of the tool also shows overlapping in objectives. An objective is considered as a need to be worked upon if given a "partial" or "no" rating. Once again, it is staff discretion if an item under an objective becomes, in effect the objective being worked on, or if a combination of missed items are added together and the overall objective itself is the primary focus. For example:

Objective IC: Parent participates in educational program.

	Yes	Partially	No
8. The parent participates in a preconference ARC meeting.			
9. The parent attends the ARC meeting.			
10. The parent communicates their objectives for the child during the development of the IEP/IIP.			
11. The parent participates in parent/teacher conferences by phone or school visits regularly.			
12. The parent provides information about home incidents which relate to child's school program voluntarily.			

Items 9-12 are considered areas of need and each item could become an individual objective to work on. However, one major objective - IC "The Parent participates in planning

the child's educational program" could be established and items 9-12 would become strategies for achieving the set objective.

Once a decision is reached as to individual parent objectives, they are recorded on the "Individualized Family Objectives" form. A sample form is on the following page. The identified need is written as an objective, family/parent strengths may be identified, and intervetion strategies/activities are planned to accomplish that objective. If special materials or equipment (i.e., books, films, adapted toy, etc) are to be used, these would also be indicated. Space is provided to indicate assistance of other resource agency personnel involved in accomplishing a particular objective. This helps document interagency involvement, a major premise of the PEEEC model.

As the staff works with the family and objectives are met, new objectives are written. Most objectives may be a long-term process and consequently evaluation may be done only at school year-end. Space is provided to indicate by what means one will evaluate accomplishment of the objective and this should be dated when accomplished.

It was apparent in using this inventory that families' needs were as varied as the individuals themselves. After evaluation of objective attainment, families sometime appeared to regress from no need to a need in that area. This was attributed to financial setbacks, marital problems or other emotional crisis. Appendix A contains sample class profiles and evaluation data from the PEEEC Annual Performance Report for 1980.

Appendix B contains the needs inventory itself and may be used as is or with changes to reflect identified needs/concerns relative to that agency and particular population. The Postscript contains information where other needs assessment resources may be obtained for this purpose.

The section immediately following contains rating procedures with suggested materials/activities/ and resources which may be used in meeting identified needs. These rating suggestions are included to assist in determining "partial" ratings and to limit subjectivity.

Space has been left to allow users of this manual to add "other" suggestions for meeting identified needs.

INDIVIDUALIZED FAMILY OBJECTIVES

Child/Family S.M.
Primary Caregiver/Contact V.M.
Implementor J.M.
Date

Need/Objective	Strengths	Intervention Strategy(s) (Activities)	Materials/ Equipment	Personnel/ Agency Involved	Comments/ Evaluation
Objective IIC Mrs. M. will seek financial resources adequate to meet the basic needs of her family.	Receptive to home visits	Test S. and have mother apply for SSI		DLC Teacher; BSS; Parent Involvement Coordinator	Receipt of SSI -Improvement in financial condition
Objective IID Mrs. M. will provide for the medical needs of her family.	Accepts transportation	Counseling - Coordinate with BSS representatives		Public Health	Incidence of illness -Consultation with mother
Objective IIF Mrs. M. will become aware of community resources and utilize their services as needed.	Will attend meetings when supported.				-Mother's initiation of services when needed
Mrs. M. will have S. ready for school every day and increase his number of days in attendance.		Conferences - Work with social worker Increase number of home visits		DLC Teacher	Number of days in attendance

RATING PROCEDURES

ACTIVITIES/MATERIALS/RESOURCES

Goal I: The parent recognizes and understands the child's handicap.

Objective IA: The parent participates in the child's comprehensive evaluation.

Rating Suggestions

-Subjectively decide the quality of contact with the parent during the referral and assessment process. Look at variables such as receptivity to questions, volunteering of information, etc. Realize that this assessment will give insight into the parents' stage of adjustment to handicap.
-Take into account whether referral was initiated by parent or other source.
-Consider whether achievement of this objective has led the parent toward a better understanding of the child.
-Consider the amount of "coercion" or persuasion involved in getting the parent to participate.
-Remember that these are steps which will help the parent come to terms with the handicap and set the stage for further involvement. The level of need can help determine how well the parent is progressing toward dealing with the child.

Suggested Materials/Activities/Resources for Accomplishing Objectives

-Explain due process procedures and purpose of the Project as well as the rationale for early intervention.
-Urge the parent to accompany child for psychological and developmental assessments.
-Arrange conferences with staff who assess the child prior to and after testing.
-Provide ample time during completion of the parent interview to answer questions and to depart from structured interview format.
-Explain how their participation in assessment can provide accuracy regarding child's abilities and learning style.

Other

Goal I: The parent recognizes and understands the child handicap.

Objective IB: The parent identifies the child's strengths and weaknesses.

Rating Suggestions

-Through discussion with the parent and observation over time, subjectively determine how realistic the parent is when expressing things the child can and cannot do.
-After assessment conferences determine if the parent appears to understand the information provided to them. (e.g., "The psychologist said that Jimmy was functioning as a retarded child. That means that he can't learn as quickly as other children.")

Suggested Materials/Activities/Resources

-Have parent observe the child in relation to other children, both normal and handicapped peers.
-Explain developmental milestones and appropriate objectives to be set.
-Provide materials appropriate to handicap to parent to increase understanding and help establish realistic prognosis.
-Graphically depict child's developmental level so that visually the parent recognizes strengths as well as limitations. (e.g., developmental profile)

Other

Goal I: The parent recognizes and understands the child's handicap.

Objective IC: The parent participates in planning the child's educational program.

Rating Suggestions

-In assessing conferences determine whether these are ever parent-initiated or only teacher-initiated.
-Knowledge of basic needs such as transportation (Objective IIG) or financial resources (Objective IIC) will clarify if the problem in attending the Admissions and Release Committee meeting is internal or external. Parent/teacher conferences may also be affected by the rating of those objectives.
-Consider parent's level of knowledge/skill at the time of program entry. It would be difficult for a parent to share pertinent information without understanding what the teacher needs to know.

Suggested Materials/Activities/Resources

-Provide transportation as needed to meeting.
-Suggest routine home visit if telephone or transportation problems interfere with conferences.
-Focus on aspects of the individual education plan which may be carried over into the home through provision of simple activities for parents and other family members.
-Begin providing information to parents at each opportunity on normal child development, etc.

Other

Goal II: The parent meets the basic needs of the child and family.

Objective IIA: The parent provides for the basic nutritional needs of the child and family.

Basic Needs - Nutrition

Rating Suggestions

-Consider whether adequate food is available and whether nourishing food is consumed including the basic four food groups and served on a regular basis.
-Consider the quality to also include minimal daily allowance for vitamins and give credit if vitamin supplements are included.
-Ask if children snack and on what. Weigh the amount of candy, cookies, cokes, against more nutritious items.
-Consider the number of times the family eats at "fast food joints."

Suggested Materials/Activities/Resources

-Secure brochures for families from County Health Departments, Agricultural Extension Services, Libraries, etc.
-Have parent record meals for a day and number of times a week they eat out and what is eaten.
-Provide simple recipes.
-Obtain services of a nutritionist (school system dietician, technical school dietary services instructor, hospital, etc.), or homemaker.
-Contact Bureau of Social Insurance - Food stamp program or the Women, Infants, and Children (WIC) program under the public health services.
-Contact community service organizations if there is inadequate food (emergency).
-Use the Clinch-Powell agency Guide to Assessing Family Nutrition to develop intervention plan. (See resources in Appendix C.)
-Read Perkins, Stanley A. "Malnutrition and Mental Development." Exceptional Children, January 1977, pp. 214-219.

Other

Goal II: The parent meets the basic needs of the child and family.

Objective IIB: The parent provides adequate shelter and clothing for the child and family.

Basic Needs - Shelter and Clothing

Rating Suggestions

-Consider whether the house is secure from inclement weather, bugs, etc.
-Is a comfortable temperature maintained throughout seasons?
-Is the home structurally sound and barrier-free?
-Does lack of cleanliness and order in the house limit the child's opportunity to explore and/or pose a health problem?
-Is there sufficient clothing to dress as needed for weather and amount adequate to maintain clean clothing?
-Determine if the parent's opinion regarding cleanliness is a matter of personal values or seen in light of disease and accident control.

Suggested Materials/Activities/Resources

-Seek help on individual need basis from local church and civic organizations.
-Solicit donation for home furnishings, clothing, etc.
-Make family aware of community resources (e.g. Red Cross, Salvation Army, Good Will Industries) which will help free of charge with limited financial expenditures.
-Contact community action programs.
-Utilize services of the Housing Authority.
-Seek advice at Bureau of Social Services, Department for Human Resources.
-Encourage early preparation for weather problems.
-Contact sanitation or health inspectors for assistance with inadequate plumbing facilities.
-Utilize services of homemakers or public health nurses.
-Use teaching opportunities to model appropriate behavior (e.g. washing hands, clothing, brushing teeth, cleaning house, etc.)

Other

Goal II: The parent meets the basic needs of the child and family.

Objective IIC: The parent has adequate financial resources to provide for basic living expenses and special family/child needs.

Basic Needs - Financial Resources

Rating Suggestions

-Consider whether basic needs are met somehow. Examine assessment items for nutrition, shelter, and clothing.
-Through observation and discussion determine if recreational opportunities are provided, what they are, and also kinds of purchases made by family members. This will clue one in to budgeting also and priorities of financial expenditures.
-Through discussion, over time, determine if resources are available to pay for a telephone, (automobile and its upkeep), and other special needs and medical expenses. The degree to which these things are significant problems to the family should be rated.
-Is there health insurance available?
-Are community resources utilized to meet basic needs or for special services? Consider the rating given to Objective IIF.
-Are other family members, neighbors, or relatives available for babysitting, or respite care when needed?

Suggested Material/Activities/Resources

-Familiarize oneself with local agencies for provision of financial resources and establish a contact system (e.g., Bureau of Social Insurance: AFDC, SSI, Food Stamps; Public Health Services, Crippled Children's Services, Special Clinics, Easter Seals; organizations - United Cerebral Palsy, Muscular Dystrophy Association, etc.).
-Assist with employment (completing application, contacting local employment officers, utilizing newspaper advertisement, etc.)
-Provide counseling or literature on budgeting.
-Help locate volunteers, neighbors, or other family members to assist with transportation, babysitting, emergencies, etc.

Other

Goal II: The parent meets the basic needs of the child and family.

Objective IID: The parent provides for the health, dental, and medical needs of the child and family.

Basic Needs - Health/Medical/Dental

Rating Suggestions

-Through report determine if health care is provided in time of illness, emergencies, and on regular basis such as routine checkups.
-During the initial parent interview and subsequent contact determine if, where, and when medical services and other specialist (therapeutic) services are received.
-Are appointments kept for clinic services, hearing aid services, ear mold fittings, physical therapy, etc? Why not?
-If special medication is required, by report and through behavioral observation of the child, determine if consistently and properly administered.
-Through discussion determine parent's knowledge of the problems concomitant with diagnosis and the precautions they take (e.g., signs of shunt malfunction).
-Ask for permission to obtain public health/medical records as part of the intake process. Require completion of updated medical evaluation with program entry along the same lines as kindergarten requirements. Consider the rating given to Objective IIF.

Suggested Materials/Activities/Resources

-Provide information to parent regarding health care and in particular regarding the child's handicap.
-Act as liaison for families and health care agencies.
-Help the family identify health care resources, facilitate utilization of services through encouragement, provision of transportation, or accompany parent for support.
-Remain informed about health status of family members and encourage follow through of appointment and prescribed treatments.
-Establish contact with all agencies providing services for child and family members when deemed appropraite.

Other

Goal II: The parent meets the basic needs of the child and family.

Objective IIE: The parent provides a home environment conducive to the child's optimum growth and development in all areas.

Basic Needs - Home Environment

Rating Suggestions

-Look past the surface observation of the home environment and understand the situation with a handicapped child is often stressful.
-Through report and observation determine amount of time spent together and "alone" time for family members. Look at quality of time together (i.e. for recreational purposes, play time, family counsels, etc.).
-Determine if primary caregiver has time away from child and if responsibilities for care are shared with some "significant" other.
-Observe marital relationship (through report and observation) and assess these variables: open, effective communication; respect and mutual understanding; "fair" division of responsibilities, roles; etc.
-Through observation and report determine method of discipline, whether parents agree on method, consistency, etc.
-Reference Caldwell's Home Observation for Measurement of the Environment (HOME) to help assess stimulation in home environment.
-Through interview, observation, and daily record kept by parents assess family and child routine.

Suggested Materials/Activities/Resources

-Offer suggestions for recreational opportunities together or planned family activities. Assist with budgeting of time to allow for "alone" time and "quiet" time and routine to be established, etc.
-Help identify additional caregivers if possible.
-Provide reference books or materials relevant to presenting problem with child management and selected approach (e.g., Dreikurs' - A Parent's Guide to Child Discipline.)
-Use Caldwell's HOME to provide suggestions for stimulation through equipment, toys, experiences.
-Suggest referral to community public or private agencies for assistance with family individual and/or marital counseling when necessary.

Other

Goal II: The parent meets the basic needs of the child and family.

Objective IIF: The parent avails themself of community resources.

Basic Needs - Community Resources

Rating Suggestions

-Through report, observation, and interagency contact determine if parents know how, when, and where to seek assistance through resources in the community.
-These objectives move from guided direction by staff to complete autonomy by parents in the utilization of community resources without staff support or assistance.

Suggested Materials/Activities/Resources

-Assist parents in identifying all community resources, public and private, which provide a variety of services whether or not they appear to be appropriate for that particular family. The information may be useful later or to others with whom they are in contact.
-Help parents establish a contact system with specific agency/community individuals who will consistently, over time, interact with them to prevent professional bombardment by many agency representatives.
-Provide a community service directory to parents.
-Hold a Community Resource Fair for all parents.
-Umansky, 1978, suggests: "The teacher must be able to facilitate community resources on behalf of families. This can be facilitated through:

1. Establishing a working relationship with all community agencies by initiating an introductory visit to set up an agency contact plan.
2. Establishing credibility by understanding each agency's terminology and jargon but reserve the use of both only with the professionals, not parents.
3. Identifying specific family needs to resource providers.
4. Soliciting services on behalf of parents only with their approval and with these steps in mind:
   a. determine if they can do it themselves,
   b. work with them,
   c. act for them only if they are unable or were unsuccessful in the past.

Other

Goal II: The parent meets the basic needs of the child and family.

Objective IIG: The parent meets the transportation needs of the family.

Basic Needs - Transportation

Rating Suggestions

-Through observation, interview, and experience with the parent determine if a vehicle is owned by the family or close relative/friend and available to use whenever needed. Generally, is there a dependable, consistent means of transportation for the family?
-Assess parent's knowledge of alternative transportation offered in the community (e.g., taxi, city bus, volunteer group). Once this information has been made available, assess parent's willingness to access the services. This should correlate highly with objective IIF.
-Without other available means, will the parent allow staff members, social workers, or others to provide transportation assistance? Are they consistently ready to go when arrangements have been made or do they make excuses or back out at the last minute without advising staff. If this is the case, consider stage of acceptance and ability to meet other basic needs. Also consider where they are being transported and for what purpose.

Suggested Materials/Activities/Resources

-Assist parents in identifying all community transportation resources. Teach them to use public transportation as necessary for meeting the child's needs.
-Contact Department for Human Resources to establish list of volunteers for transportation.
-Start a local car pool for common events like clinic appointments or group meetings. Work with community agencies such as Crippled Children's Services to arrange appointments so that transportation can be shared.
-Provide transportation for services periodically (as needed or for emotional support).

Other

Goal III: The parent demonstrates adjustment toward the child's handicap.

Rating Suggestions

-Look for objective measurements demonstrative of "love" in a variety of settings (i.e., in front of friends, strangers, home vs. school, etc.) Does the "love" appear to be reciprocal between parent and child?
-Look at rating of Objective IB. Is the child given opportunities for independence?
-Can the parent discuss the child's handicap freely with staff? Is there denial apparent?
-Is family life centered around the handicapped child or can child be left in care of others (as possible) trained to care for him/her?
-Are opportunities provided for involvement with other siblings and their individual needs (school sports, clubs, etc.)? Do other family members claim to be deprived of special time, etc.?
-Is there evidence of unhealthy emotional reactions as previously outlined in Table I? Since the presence of the handicapped child, has there been onset of marital discord, alcoholism, depression, problems with siblings, etc.?

Suggested Materials/Activities/Resources

-As O'Brien, 1976, points out, provide emphathic understanding, emotional support, information, and modeling of acceptance of the child which enables parents to express their concern and feelings, reality-test assumtions, (i.e., explore alternative solutions to problems related to behavior and daily living skills development,) and discuss activities which can help compensate.
-As Rosen, 1955 indicated:
    1. Have knowledge of medical, social, educational, habilitative, and behavioral aspects of the problem.
    2. Provide resources for parents.
    3. Have some competency in counseling principles and techniques.
    4. Be sensitive to reality needs of parents.
    5. Serve as a sounding board and ally.
    6. Urge contact with local parent groups.
-Provide individual/group training on stages of grief and acceptance from the onset of parent involvement.

Other

Goal IV: The parent learns and carries out intervention techniques appropriate to the child's handicap and needs.

Objective IVA: The parent gains knowledge and awareness of child development and intervention techniques.

Objective IVB: The parent gains skills and utilizes intervention techniques appropriate to the child's handicap and needs.

Rating Suggestions

-Observe the parent to determine skill level and discuss their perception of what they need to know.
-Use structured questionnaires as a systematic way of determining child development knowledge or parent concern.
-Most of these items are self-explanatory. Review assessment of previous objectives to determine readiness and willingness to learn.

Suggested Materials/Activities/Resources

-Use child's curriculum materials as basis for his/her parent's program.
-Encourage observation and working in the classroom with their child or other children.
-Maintain good parent library of resource material, especially on behavior management (e.g., Parent Effectiveness Training, Gordon; Children: The Challenge, Dreikurs; Between Parent and Child, Ginot; Born To Win, James and Jongleward; Your Child Is A Person, Chess, et. al.)
-Use the Handicapped Infants Comprehensive Outreach Model Program (HICOMP) (See Resources, Appendix C) materials to teach shaping, chaining, modeling, etc. to parents.
-Allow assessments such as the Behavior Characteristics Progression to be taken home and rated by parents to get baseline of their knowledge of the child.

Other

Goal V: The parent acts as an advocate for all handicapped children.

Rating Suggestions

-Is there compliance with staff suggestions and support for special events? Take into consideration events beyond a parent's control, i.e., work, lack of time and transportation, illness, etc. in cases of noncompliance.
-Is there expressed desire to support other parents through self-initiated activity?
-Consider Goal III rating in particular. Is this parent ready to function at this level?

Suggested Materials/Activities/Resources

-Enlist parent assistance in program events and encourage self-initiated activities.
-Provide opportunities for information sharing - newsletter, bulletin board, etc., which will start parents thinking about involvement in organizations or advocacy groups.
-Encourage honest program evaluation.

Other

PARENT SERVICES EVALUATION

In order to assess the attempt to meet parent needs as identified by staff, staff members again rate the needs assessment inventory at the end of the school term to look at change. The inventory is dated and two different color pens or symbols (i.e. ✓,X) are used for pre/post ratings. The Individualized Family Objectives are also reviewed periodically and year-end comments are made on that form.

A profile on individual and on group changes can be made on profile sheets like the sample in Appendix A. Please note that another goal, Parent Advocacy, has been added since the time covered by those samples.

A profile rating is obtained as follows:

Scoring

	Rating			Scoring
	Yes	Partially	No	
1. The parent participates in the referral process.	✓ X			1.0
2. The parent contributes to evaluation through conference with the examiner.	X		✓	3.0
3. The parent completes the parent interview form and is receptive to questions, provides (apparent) accurate information.		✓ X		2.0
4. The parent participates in assessment of child's functioning. (Developmental, behavioral, social assessment, etc. through interview).	X	✓		2.0

4 | 8.0
2.0

Ratings
Yes = 1.0 (low level of need)
Partially = 2.0 (medium level of need)
No = 3.0 (high level of need)
Pre: ✓ Post: X

Pre-rating indicates 2.0 (medium level of need) in comprehensive evaluation. The 2.0 rating is then charted on the individual profile sheet located at the end of this section.

The post rating revealed a profile as follows:

Item 1	1.0
Item 2	1.0
Item 3	2.0
Item 4	1.0
4	5.0
	1.25 (low level of need)

This revealed a slight change over time toward "low" level of need in this particular area.

Group profiles (as seen in Appendix B) are obtained by averaging together group scores in each area. This practice can be most helpful in identifying group needs for planning structured group activities, purchase of materials for group use, etc.

A formal parent questionnaire is also mailed to all PEEEC parents at the end of each year. The questions are designed to incorporate aspects of the needs inventory and to give parents an opportunity to rate if they have received assistance in any way from Project staff. A sample questionnaire is contained in Appendix A

Group/Individual Needs Assessment Profile

Name _____ Date _____

Teacher/Class _____

GOALS/OBJECTIVES

	IA Comprehensive Evaluation	IB Strengths/ Weaknesses	IC Participates in Ed. Programming	IIA Nutritional Needs	IIB Shelter/ Clothing	IIC Financial Resources	IID Medical Needs	IIE Home Environment	IIF Community Resources	IIG Transportation	III Parent Adjustment	IVA Knowledge/ Awareness	IVB Gains Skills/ Intervention Techniques	V Parent Advocacy
3.0 High Level of Need (No Rating)														
2.0 Medium Level of Need (Partial Rating)		X												
		✓												
1.0 Low level of Need (Yes Rating)														
	ENROLLMENT			BASIC NEEDS							EMOTIONAL FACTORS	SKILL DEV/ IMPLEMEN - TATION	OTHER	

X - Pre ✓ - Post

POSTSCRIPT

The decision to build a program of parent services around a structured needs assessment came about as a result of several major issues encountered during the PEEEC three-year Demonstration phase. First, money was not available to hire a social worker or parent involvement coordinator during the first two years to assist with organizing the traditional group meeting approach. Teachers did not have the time nor experience to do so. The initial approach was to locate community resources - individuals such as Guidance and Counseling student interns - to organize group meetings around a set of topics selected by the parents.

The second issue arose when the group meetings began and there was low parent turn-out. Being in a sparsely populated wide-spread rural area, there were problems in getting good parent attendance. Therefore, it became a question of whether the effort justified the end result.

More importantly, however, was that parents had needs which could not be dealt with, altogether, in a structured group setting. The parent's curriculum needed to be individualized and tailored for them as much as for their child. This is not to say that additional parent services were not offered to PEEEC parents. Table II following the post script outlines the types of parent participation found within the Project for Early Education of Exceptional Children and indicates generally the amount of parents availing themselves of those opportunities.

The PEEEC parent services model, as described in this manual, is a workable approach if used sincerely. It does not cover all areas of parent needs in-depth. One area particularly lacking, which is intended to evolve out of Goal II, Objective IIE and Goal III is that of emotional support. Although no items are written to specifically cover the provision of emotional support to families, this is often achieved through strategies such as making home visits and providing transportation in achieving other objectives.

The users of any needs assessment approach should be able to use such a structure to begin organized work with parents toward some meaningful objective. But as one developmental assessment can not identify all deficits for a child, one needs assessment inventory cannot outline all a family's needs. The teacher, or selected staff member, should have a working knowledge of a family and make each "parent" contact become a means to an end - providing assistance in the educational process to parents for developing skills pertinent to their individual child's needs.

OTHER NEEDS ASSESSMENT RESOURCES

Families First: A Program and Staff Development System
Individual and Family Development Services
1201 South Queen Street
York, Pennsylvania 17403

Family Centered Resource Project (FCRP)—Outreach
Pennsylvania Department of Education, Bureau of Special Education
Berks County Intermediate Unit
Gilbert M. Foley, Director
2900 St. Lawrence Avenue
Reading, Pennsylvania 19606

Skills Inventory for Parents (SIP)
Child Development Resources
P.O. Box 299
Lightfoot, Virginia 23090

Technical Assistance Development System (TADS)
Michael Woodard, Technical Assistance Coordinator
Suite 500
NCNB Plaza
Chapel Hill, North Carolina 27514

TABLE II: Amount of Parent Participation in Various Program Options

ALL	SOME	FEW
Referral process/completion of parent interview form	Observation	Work in the classroom
Project orientation	Assist in field trips, special programs and events	Group meetings - educational
Pre and post assessment conference with evaluators	Individual training opportunities	Advisory Council
Membership at ARC meetings for placement, program development and periodic program review	Home visits	Transportation
Parent/teacher conferences	Provision of materials	
Information and referral services	Parent meetings/social	
Individual consultation	Counseling	

APPENDIX A

PARENT SERVICES DATA 1979-80

In October, each teacher completed the *eighty-five item Needs Assessment Inventory for each of the families of children currently enrolled in their classes or homebound caseload. Individual family objectives were written in behavioral terms with strategies designed to meet the needs and a means of evaluating the needs determined. In June of 1980, a post needs assessment inventory was completed by the teacher to see if some needs had been met or if needs previously identified had changed. Results of the pre/post inventory are included in the chart which follows. Scores were obtained by assigning a "1" to reflect a "low" level of need in that area, "2" to represent a "medium" level of need in that area, and "3" to represent a "high-definite need in that area".

It should be noted that families moved generally from an identified need in a given area to less need or no need. Some remained the same. However, some families moved from no need to need in a given area reflective of marital status changes, or financial and emotional difficulties occurring over time.

*Goal V and items 87-90 were added after October 1979.

Needs Assessment Data

	A		B		C		D	
Family	Pre	Post	Pre	Post	Pre	Post	Pre	Post
77-0008	2.46	1.16	2.8	1.61	3.0	1.45	3.0	2.32
78-00016	1.0	1.0	1.27	1.4	1.0	1.0	1.0	1.0
79-00068	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
79-00014	1.0	1.0	1.59	1.50	1.15	1.15	1.42	1.52
78-00034	2.93	1.75	2.97	2.23	3.0	2.31	3.0	2.67
78-00003	1.0	1.0	1.0	1.0	1.0	1.2	1.3	1.46
78-00091	1.4	1.32	2.22	2.13	1.0	1.18	2.32	2.38
78-00007	1.85	1.4	1.16	1.06	1.75	1.50	2.24	1.68
79-00086	1.33	1.0	1.33	1.33	1.0	1.0	1.22	1.0
79-00047	1.0	1.0	1.3	1.11	1.0	1.31	1.80	1.82
79-00092	1.0	1.0	1.25	1.13	1.37	1.05	1.94	1.58
79-00089	1.33	1.22	1.0	1.0	1.0	1.0	1.06	1.0
79-00090	1.0	1.0	1.0	1.0	1.06	1.14	1.02	1.0
79-00082	1.0	1.0	1.34	1.02	1.46	1.14	1.6	1.18
79-00013	1.11	1.0	1.04	1.04	1.0	1.0	1.5	1.5
79-00094	1.33	1.33	2.05	1.92	1.16	1.16	2.0	2.0

Legend:

Areas of family needs:

A - Recognizes and understands child's handicap
B - Meets basic needs
C - Demonstrates adjustment
D - Learns and carries out intervention

Levels of family needs:

1 - No need in area
2 - Partial need in area
3 - Definite need in area

Demonstration Learning Center (DLC) class profiles were obtained by averaging individual scores in each area to look at common needs. Pre and post test data by classroom is included following this section. Home-School Instruction Program group profiles were not completed due to diversity of needs, foster home placement and changes in placement, and due to the advent of two new teachers coming in during the year.

Group activities were planned to meet some identified needs. Other parent involvement options were offered which would also meet individual needs. These are indicated on the tables located on the following page.

Parent Services Report
July-December 1979*

Service/Activity	Number of Parents	Families Represented
Referral for Services	18	12
Parent Training:		
Workshops	7	6
Consultation	15	10
Materials Provided	24	18
Work in Classroom	5	4
Observation	18	14
Parent Meetings:		
Social	18	13
Advisory/Administrative	2	2
Assistance in Classroom	7	6
Assistance in Evaluation	10	10
ARC Meetings	26	21
Parent-Teacher Conferences	23	18
Home Visits	32	27
Transportation	10	9
Counseling	18	16
Referral for Consultation	5	5

Parent Services Report
January-June 1980**

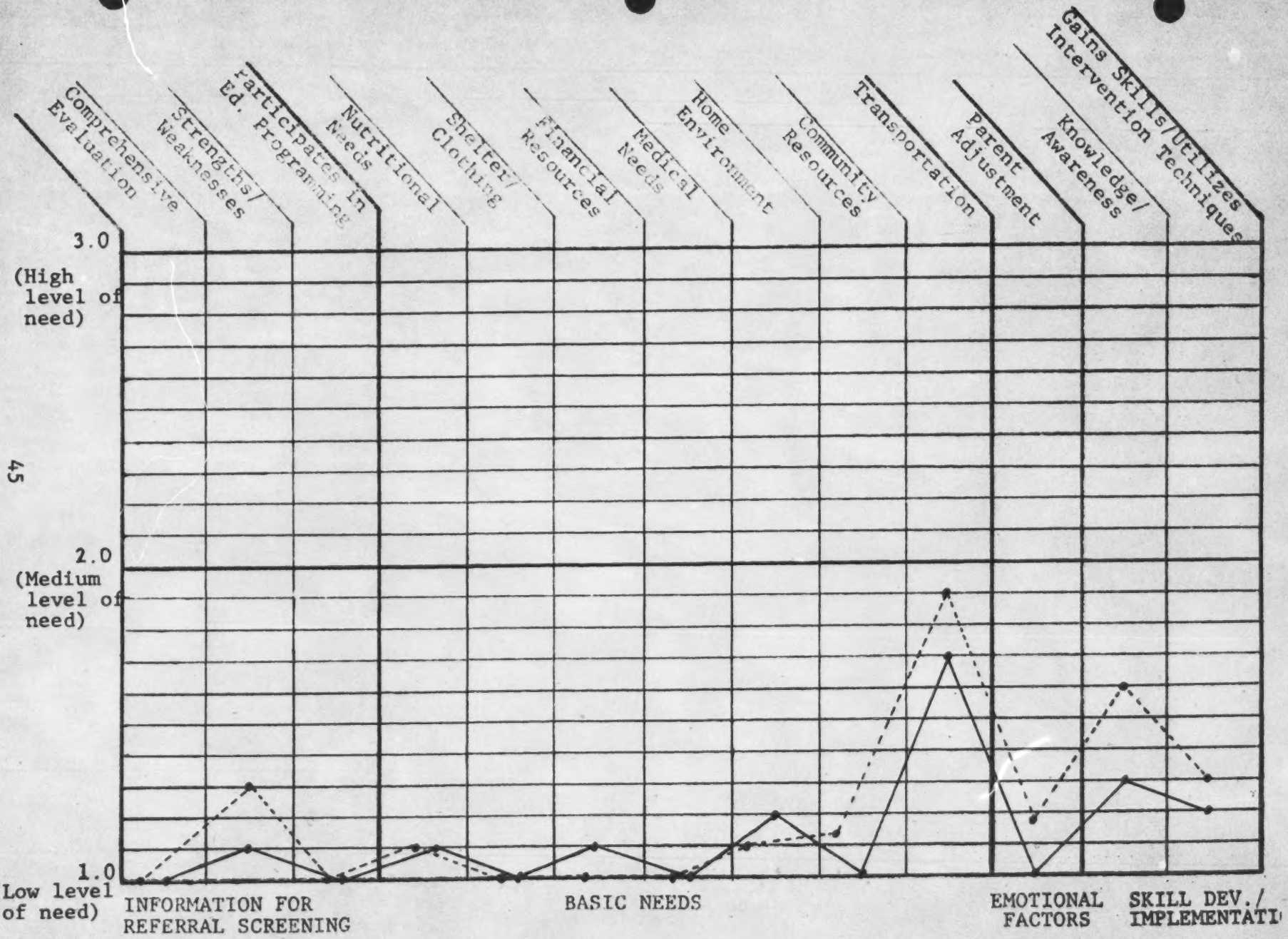
Service/Activity	Number of Parents	Families Represented
Referral for Services (psychological, speech and other)	10	10
Parent Training:		
Workshops (Gil Foley)	10	10
Individual Consultation	31	28
Materials Provided	23	22
Work in Classroom	4	3
Observation	22	20
Parent Meetings:		
Social	14	12
Advisory/Administrative	2	2
Assisted in Classroom	5	5
Assisted in Evaluation	11	11
Participated in ARC Meetings	31	29
Parent-Teacher Conferences	30	23
Home Visits	52	29
Transportation	17	17
Counseling	3	3

*Compiled from 20 children enrolled.
**Compiled from 29 children enrolled.

Group/Individual Needs Assessment Profile

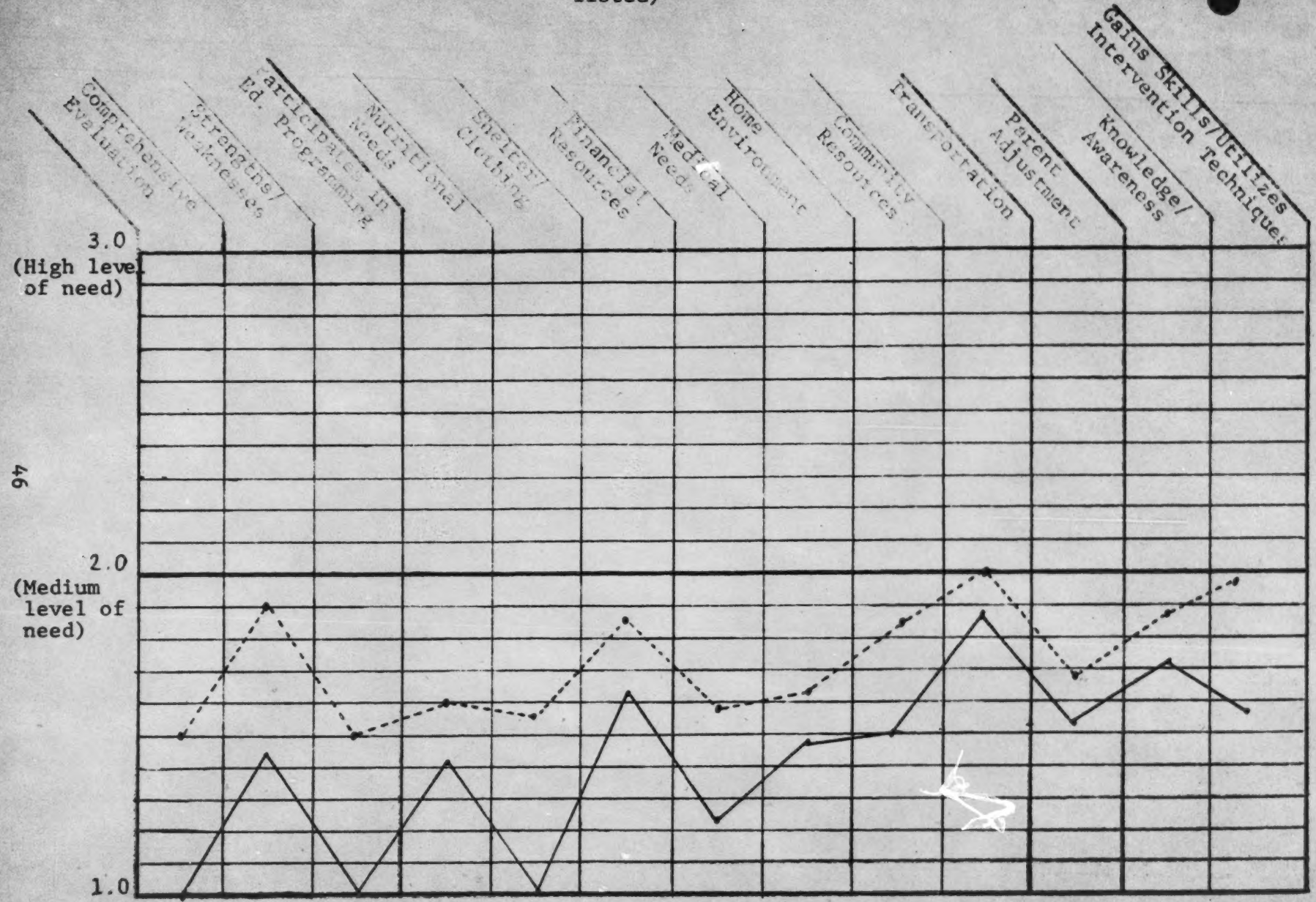
Name Fredonia DLC PEEEC Classroom

Teacher/Class _____



Pre: ------- Post: _____

Group/Individual Needs Assessment Profile: Date
Name Murray DLC PEEEC Classroom (8 families listed) Teacher/Class



INFORMATION FOR REFERRAL SCREENING
Pre: ------- Post: _____

BASIC NEEDS

EMOTIONAL FACTORS

SKILL DEV./ IMPLEMENTATI

APPENDIX B

PROJECT FOR EARLY EDUCATION OF EXCEPTIONAL CHILDREN

(PEEEC)

FAMILY NEEDS INVENTORY

Child's Name _____ Race _____ DOB_____

Parent's Name_____

Address_____

City_____ State_____ Zip Code_____

Telephone Number_____

Occupation:

Mother_____

Father_____

Number of Family Members

Items were taken from a variety of resources, the majority coming from the Family Centered Resource Project materials in Reading, Pennsylvania, Dr. Gil Foley, Director.

	Yes	Partially	No	Comment
Objective IA: Comprehensive Evaluation				
1. The parent participates in the referral process.				
2. The parent contributes to evaluation through conference with examiner.				
3. The parent completes the parent interview form and is receptive to questions, provides (apparent) accurate information.				
4. The parent participates in assessment of child's functioning. (Developmental, behavioral, social assessment, etc. through interview).				
Objective IB: Identifies strengths and weaknesses				
5. The parent makes realistic statements of child's abilities and limitations.				
6. The parent sets reasonable short and long term goals for the child, anticipates future needs and plans accordingly.				
7. The parent makes statements which demonstrate understanding of the disability and special needs resulting from the handicap.				

	Yes	Partially	No	Comment
Objective IC: Participates in educational program				
8. The parent participates in a preconference ARC meeting.				
9. The parent attends the ARC meeting.				
10. The parent communicates their objectives for the child during the development of the IEP/IIP.				
11. The parent participates in parent-teacher conferences by phone or school visits regularly.				
12. The parent provides information about home incidents which relate to child's school program voluntarily.				
Ojbective IIA: Nutritional needs				
13. The parent provides a quantity of food to adequately meet the needs of the family members.				
14. The parent provides the quality of food to meet basic nutritional requirements.				
15. The parent provides for special nutritional needs of the child (if applicable).				
16. The parent provides nutritious snacks primarily over "junk" foods.				
17. The parent prepares foods properly and safely stores them.				

	Yes	Partially	No	Comment
Objective IIB: Shelter and clothing				
18. The parent provides for a house with a warm, dry, pest-free environment.				
19. The parent provides for a home which allows space for family members to interact comfortably and obtain privacy.				
20. The parent provides a home environment which is clean and orderly.				
21. The parent provides a home with plumbing facilities available for bathing, washing dishes, clothes, and personal hygiene.				
22. The parent provides a home with which space and furnishings are adequate to provide for eating, sleeping, and other basic needs.				
23. The parent provides for dress which is appropriate for the climate.				
24. The parent provides for an amount of clothing per family member which allows changes as necessary for cleanliness.				
Objective IIC: Financial resources				
25. The parent provides income sufficient to pay basic living expenses (food, shelter, clothing).				
26. The parent provides funds for recreation and non-essential expenditures.				

	Yes	Partially	No	Comment
Objective IIC: (Cont'd)				
27. The parent budgets money and saves a portion for future needs.				
28. The parenthas income which is sufficient to pay for a telephone.				
29. The parent has income or resources to pay for special needs (dietary, clothing, adaptive equipment).				
30. The parent can pay for special services (PT/OT, speech, counseling), and medical bills can be met.				
31. The parent has funds or resources for baby-sitting services when required.				
Objective IID: Medical needs				
32. The parent seeks medical/ dental services for family members when needed.				
33. The parent arranges regular visits to see a physician/ pediatrician, dentist, or specialist. (Appointments are kept when scheduled.)				
34. The parent administers prescribed medication properly.				
35. The parent arranges for the children to receive appropriate immunizations.				
36. The parent knows signs of illness and distress in family members.				

	Yes	Partially	No	Comment
Objective IIE: Home environment				
37. The family members spend time together.				
38. The parent(s) share child care.				
39. The parent(s) discuss problems together, share in decision-making, and deal with conflict in a healthy manner.				
40. The parent(s) give positive expressions of contentment with marriage (verbal, displays of affection, etc.)				
41. The parent provides opportunities for peer interaction for the child (through siblings, neighborhood children, other).				
42. The parent(s) use discipline appropriate to child's age and misbehavior.				
43. The parent creates an environment which provides sensory stimulation (e.g., pictures, books, magazines, toys, games of varied colors, textures, materials).				
44. The parent establishes bed, meal, and naptime routines which are relatively consistent and appropriate.				
Objective IIF: Community resources				
45. The parent selects community resources when appropriate.				

	Yes	Partially	No	Comment
Objective IIF: (Cont'd)				
46. The parent contacts community resources when appropriate.				
47. The parent utilizes community resources as needed.				
Objective IIG: Transportation				
48. The parent has available means of transportation.				
49. The parent is aware of transportation and initiates efforts to arrange transportation.				
50. The parent will accept transportation when it is provided for them.				
Goal III: Parent Adjustment				
51. The parent demonstrates warm respect for their child as he is.				
52. The parent shows appreciation of the child's strengths and tolerance of his weaknesses.				
53. The parent demonstrates active pleasure in relating to the child.				
54. The parent allows the child to have a smoothly functioning role in the family.				
55. The parent carries on the family functions in the "usual" manner.				
56. The parent meets the needs of other children as well.				

	Yes	Partially	No	Comment
Objective IVA: Knowledge and awareness				
57. The parent observes the teacher in working with their child.				
58. The parent observes the specialist in working with their child.				
59. The parent demonstrates knowledge of normal developmental milestones.				
60. The parent has general knowledge of behavior modification.				
61. The parent knows and understands the objectives the teacher is working on.				
Objective IVB: Gains skills and utilizes intervention techniques.				
62. The parent demonstrates skill in working with the child.				
63. The parent plans and implements learning activities appropriate to the developmental age and abilities of the child.				
64. The parent uses selected behavior modification techniques appropriately and consistently.				
65. The parent reinforces classroom objectives through carry-over in the home.				
66. The parent consistently provides therapy and/or special care/handling of the child.				

	Yes	Partially	No	Comment
Objective IVB: (Cont'd)				
67. The parent maintains eye contact when talking to child (i.e., engages in face gazing, reciprocal smiling).				
68. The parent talks to child informally during the day.				
69. The parent responds verbally to child's vocalizations and verbalizations.				
70. The parent provides varieties of language stimulation in the home (e.g., stories, songs, rhymes).				
71. The parent adjusts language to child's language comprehension.				
72. The parent provides appropriate labels to child for objects, activities, and feelings.				
73. The parent structures the environment to minimize troublesome situations (e.g., removes hazardous items from play area, makes some play materials easily reachable).				
74. The parent redirects child's attention to more appropriate activities to manage behavior.				
75. The parent communicates approval of behavior, both verbally and nonverbally, appropriate to child's level of development.				

Objective IVB: (Cont'd)	Yes	Partially	No	Comment
76. The parent uses discipline appropriate to child's age and misbehavior.				
77. The parent uses appropriate materials when playing with child (e.g., learning equipment - mobile, mirror, rattle, high chair, cuddly toys).				
78. The parent elicits child's attention before beginning an activity.				
79. The parent breaks down an activity into manageable steps for child.				
80. The parent allows child to explore an object fully before asking him to do something specific with it.				
81. The parent demonstrates task for child.				
82. The parent changes activity when child becomes bored or frustrated to maximize success.				
83. The parent uses daily activities for learning experience (e.g., mealtime, bath).				
84. The parent uses common household materials to develop playthings.				
85. The parent permits child to occasionally engage in messy types of play.				
86. The parent engages child in both task oriented and pleasure oriented play.				

Goal V: The parent acts as an advocate for all handicapped children.

87. The parent actively supports programs for handicapped children by writing letters, attending advocacy meetings, joining organized groups, etc.

88. The parent serves as a member of the Project Advisory Committee.

89. The parent serves in a leadership position to organize parent functions for the Project.

90. The parent serves as a speaker to support programs for exceptional children.

Yes	Partially	No	Comment

APPENDIX C

PROJECT FOR EARLY EDUCATION OF EXCEPTIONAL CHILDREN (PEEEC)

West Kentucky Educational Cooperative

PARENT OUESTIONNAIRE

Please answer the following questions to give parent feedback on the Project.

We want to keep your comments anonymous, so do not sign your name. Please answer every question. Thank you.

1. What is the one best or most important thing that you or your child have gained from being part of this project?

2. Here are some things parents might gain from a project like this. How much do you feel you have gained or learned about each one? (Check one response for each item.)

		Gained Nothing	Gained Some	Gained A Lot
a.	Assessment and evaluation of your child	_____	_____	_____
b.	Knowledge of your child's abilities and needs	_____	_____	_____
c.	Your child's individual educational program (IEP)	_____	_____	_____
d.	Services and resources available in your community	_____	_____	_____
e.	Legal rights of your child and family	_____	_____	_____
f.	Behavior management in children	_____	_____	_____
g.	Skills in working with your child	_____	_____	_____
h.	Better acceptance of your child	_____	_____	_____
i.	Better ability to cope emotionally with your child	_____	_____	_____

		Gained Nothing	Gained Some	Gained A Lot
j.	Interacting with other families with handicapped children	_____	_____	_____
k.	Support from Project staff who understand your situation	_____	_____	_____
l.	Help with food, shelter, or clothing needs for your child or family	_____	_____	_____
m.	Transportation services	_____	_____	_____
n.	Other (describe):	_____	_____	_____

3. Parents differ in how much they can take part in project activities. How often would you say you have done each of these things? (Check one response for each item.)

		Never	1-2 times	3-5 times	6-10 times	More than 10 times	N/A-No opportunity
a.	Assisted with child assessment (parent interview or adaptive behavior, etc)	_____	_____	_____	_____	_____	_____
b.	Observed in classroom	_____	_____	_____	_____	_____	_____
c.	Talked with child assessor (psychologist)	_____	_____	_____	_____	_____	_____
d.	Helped with the children in the classroom	_____	_____	_____	_____	_____	_____

61

	Never	1-2 times	3-5 times	6-10 times	More than 10 times	N/A-No opportunity
e. Met with project staff to plan for or learn about child's progress (other than ARC meeting)	____	____	____	____	____	____
f. Gone to parent meetings	____	____	____	____	____	____
g. Gone to workshop or training session (besides parent meeting)	____	____	____	____	____	____
h. Gone to an Advisory Council Meeting	____	____	____	____	____	____
i. Participated in ARC/ IEP meeting	____	____	____	____	____	____
j. Other (describe):	____	____	____	____	____	____

62

4. Has the project staff you've worked with: Check one response for each item.

	Yes	Sometimes	No
a. seemed knowledgeable and skillful	____	____	____
b. explained things to your satisfaction	____	____	____
c. dealt with the questions or problems that you wanted help with	____	____	____
d. invited and welcomed your opinions and input	____	____	____
e. used or acted on your suggestions and input	____	____	____

	Yes	Sometimes	No
5. Has the project provided enough of the kinds of services you wanted for your child and family? If not, which services seemed weak or missing?	____	____	____
6. Do you feel your child has benefited from the Project? If not, why do you think that happened?	____	____	____

7. Which project services or activities did you child take part in this year?

8. Finally, please rate the project from 1 to 5, to show how well you are satisfied with the project as a whole. (Circle your rating.)

1	2	3	4	5
Not at all Satisfied	Not Very Satisfied	Neutral	Pretty Satisfied	Completely Satisfied

9. Please add any comments or suggestions you would like to make.

	Yes	Sometimes	No
10a. Did the project staff give enough help in exploring and finding a new placement or resources before your child left the project?	____	____	____
b. Are you satisfied with the new placement or services?	____	____	____

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RESOURCES

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